

CA20N
H
-71976

General publications

643
GUIDING PRINCIPLES

FOR

THE REGULATION AND THE EDUCATION

OF THE

HEALTH DISCIPLINES

PRESENTED BY

Ontario

The Honourable Thomas L. Wells
Minister of Health *dept.*

January 21, 1971

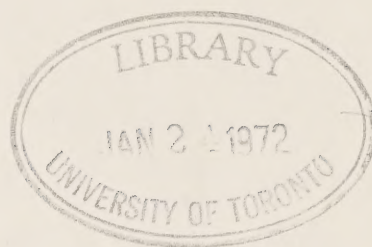


TABLE OF CONTENTS

| | <u>Page</u> |
|--|-------------|
| Introduction..... | 1 |
| Guiding Principles - Regulation of the Health Disciplines..... | 1 |
| Guiding Principles - Education of the Health Disciplines..... | 6 |
| Guiding Principles - Regulation of Health Lab- oratories, Radiological Fa- cilities and Possibly Other Health Facilities..... | 11 |
| Appendix I - Proposed Organizational Structure - Regulation of the Health Disciplines.... | 12 |

GUIDING PRINCIPLES
FOR
THE REGULATION AND THE EDUCATION
OF THE
HEALTH DISCIPLINES

INTRODUCTION

Background

The Committee on the Healing Arts Report was tabled in The Legislature on April 28th, 1970. At the time of tabling, the Minister of Health stated:

"I will mention two notable features of this review process. First, because of the magnitude and importance of the task, we will be using the expert advice of the Ontario Council of Health, as well as that of appropriate sections of my own Department, other Departments and agencies, to analyse and comment on each of the recommendations. Second, because it is important to have the views of those affected by the report prior to decisions being made, I am inviting the professional groups, agencies and others, as a matter of priority, to conduct a thorough review of the report and to submit written briefs to me."

GUIDING PRINCIPLES

The review processes mentioned above have been completed and the following guiding principles are endorsed as a basis for discussions in the preparing of new legislation to regulate the health disciplines and arrangements for the education of the health disciplines.

REGULATION OF THE HEALTH DISCIPLINES

General

1. The primacy of the public interest should be the basic principle underlying the regulation of the health disciplines. Since safeguarding the public interest is a primary concern of Government, the Government must take overall responsibility for ensuring that satisfactory arrangements exist for the regulation of the health disciplines. To guarantee the competence of the health practitioner and the quality of service which the public receives, provision must be made for licensing, certifying, registering and disciplining in the overall regulation of practice of the health disciplines.
2. The self-regulatory procedures which have evolved to date should be preserved to the greatest degree possible consistent with and emphasizing the primacy

of the public interest and the essential coordination among the varied health disciplines.

3. The rights of individuals to use the services of health practitioners of their choice should be respected. Any limitations on these rights should be those designed specifically to protect the public interest.

Role of Regulating Bodies

4. There should be regulatory bodies for all established health disciplines. The main concern of the regulatory bodies should be the interest of the public. The functions of the regulatory bodies should include the licensing, certifying, regulating and disciplining of its members.
5. The regulatory body must be independent of any voluntary association established by any health discipline, e.g., professional association, union, or trade association. Even though such voluntary associations have a concern for the public welfare, nevertheless the legal and functional independence must be complete. Under no circumstances should a voluntary association be associated in a corporate way, directly or indirectly, with a regulatory body.

Structure and Functions of Regulatory Bodies

6. In order to achieve the coordination which is essential for the efficient and proper regulation of the health disciplines, a Health Disciplines Regulation Board should be established by, and be responsible to, the Minister of Health with responsibility for the regulation of each health discipline, and the coordination of all such regulations - based on relevant health policies and health legislation. The Board should report on its activities annually to the Minister of Health, anticipating that the Minister would make the report public.

To carry out the detailed functions of developing, coordinating and applying the regulation of all health disciplines, the Health Disciplines Regulation Board should make use of existing colleges and create divisions as required, to cover other health disciplines.

- a. The colleges would have regulatory responsibilities for physicians, dentists, nurses, pharmacists and optometrists. These

colleges would remain essentially self-regulatory but responsive to the main intents of the regulatory structure - the protection of the public interest and the provision of a means of coordination of the regulations among the regulatory bodies of the health disciplines.


- b. A division would be the regulatory body for one or more related health disciplines. The divisions would have the responsibility of recommending to the Health Disciplines Regulation Board and, when approved by the Board, implementing regulatory matters relative to their particular discipline.

The Health Disciplines Regulation Board should provide advice and guidance to the colleges and provide direction to the divisions, help to devise an appeal procedure and channels of communication between them and the public and coordinate the development and application of the regulations. The Board should be responsible through the Minister of Health for the submission of proposed legislation and regulations under the Acts for both colleges and divisions.

- 7. Provision should be made for the appeal of a decision of a college or division to the Health Disciplines Regulation Board. Recourse to the courts is always the prerogative of any citizen.
- 8. Under the authority set out in legislation the colleges, and divisions should be responsible for regulations including the licensure* and/or certification** of practitioners, for the standards for licensure and/or certification and for the discipline of their members where required. They should also be responsible for the assessment of competence of those trained outside Ontario.
- 9. No one health discipline should have the authority to regulate another health discipline.

* Licensure involves the conferring on a particular person of the exclusive state-granted right to practise. Practice by any person on whom such right has not been granted is prohibited and made a punishable offence.

** Certification involves state endorsement of competence but no exclusive right to practise. Practice by an uncertified person is not prohibited and, of course, is not a punishable offence.



Digitized by the Internet Archive
in 2024 with funding from
University of Toronto

<https://archive.org/details/31761118901529>

Membership and Staffing of Regulatory Bodies

10. The Health Disciplines Regulation Board should be a lay Board, small in size (5-7 persons), should be composed of part-time members from outside of government service appointed on a rotating basis for a three-year term, renewable once. It should have its own full-time staff. The Lieutenant Governor in Council should appoint the Chairman and members of the Board.
11. The Health Disciplines Regulation Board should be responsible for determining the general composition and mode of selection of membership of the colleges and divisions. This should be accomplished in consultation with regulatory bodies now existing or initially with the members of a health discipline if no regulatory body exists.

The role of the public in the regulation of the health disciplines should be recognized by having a significant number of members of the colleges and divisions who are not engaged in the health field. Such members should be appointed by the Lieutenant Governor in Council for a term of office of three years, renewable for a further term of three years.

Restriction on Licensure and Certification

12. Certification and licensure should not be restricted because of such factors as age, sex, nationality, citizenship, or length of residence in Ontario.

Development of Nation-wide Standards for Licensing or Certifying Health Practitioners

13. It is not in the interest of the Canadian public that a variety of standards exist which impede the mobility of health personnel. Therefore, nation-wide standards for licensure and certification should be developed; the Health Disciplines Regulation Board should take the initiative in promoting such standards. Nation-wide standards might be furthered through conjoint examinations as is the case in the medical profession.

Educational and Examination Requirements for Licensure and Certification of Health Practitioners

14. In establishing the educational and examination requirements for licensure and certification, a balance should be achieved between the maintenance of standards high enough to ensure quality of service, yet not so stringent as to restrict the number of potentially capable practitioners who might otherwise enter the health field.
15. Graduation from an accredited or approved programme of an Ontario educational institution (e.g., university, college of applied arts and technology, secondary school, or other accepted institution) should be the main qualification for licensure or certification at the primary level for practising in the specific discipline.
16. For those graduates of educational institutions outside Ontario whose education is considered equivalent to that received in Ontario, rights to practise in Ontario should be extended through licensure or certification without the necessity of further examinations. This principle should obtain at the primary level and at the level of specialization.
17. For those graduates of educational institutions outside Ontario whose education is not considered equivalent to that received in Ontario, rights to practise in Ontario should be extended through licensure or certification only after an upgrading of their qualifications.

Recognition of Specialization

18. Regulatory bodies should identify and then recognize through certification only those specialties that are truly warranted.

Restriction on the Use of Title "Doctor" and Claims to Qualification

19. Restrictions should continue to be imposed on the use of titles and on claims to qualification so that the public may not be misled as to the qualifications and identification of health practitioners.

Nature and Scope of Practice and the Disciplining of Health Practitioners

20. In considering the scope and nature of practice, the interdependence of the various disciplines should be

stressed and increased cooperation promoted. The roles and the special responsibilities of the various disciplines in the functioning of the health team should be clarified.

21. Undue proliferation of new health disciplines in the healing arts and the unwarranted upgrading of the qualifications of the health disciplines should be avoided, since these are likely to decrease rather than increase cooperation and the effective provision of service in the health care system.
22. For the safety of the public the training for each health discipline should be such that the practitioner can perform the diagnostic and/or therapeutic procedures authorized for that discipline. At the same time undue restrictions should not be imposed on the scope or place of practice, since such restrictions could limit the availability and accessibility of health services to the public.
23. Improved procedures should be instituted which would reduce misunderstanding between patient and health practitioner with respect to such matters as extent of services required, appliances required, and cost of service.
24. In cases where common procedures lie within the scope of two or more health disciplines, the pertinent regulations should be coordinated.
25. Although the regulatory bodies are responsible for the standards of practice and appropriate disciplinary action with regard to members of the respective health disciplines, it should not be their responsibility to enforce the prohibition of practice by an unlicensed person. This responsibility should lie with the Minister of Justice.

EDUCATION OF THE HEALTH DISCIPLINES

Responsibility

26. The education of all health workers should be the responsibility of educational rather than regulatory bodies. In the university-educated professions, the university should be primarily responsible for the relevant academic programmes. The educational programmes for other health disciplines should be the responsibility of those bodies charged with the Province's educational programmes under the Minister of Education.

27. To advise on health disciplines courses in colleges of applied arts and technology, the Minister of Education should establish a Committee on Health Disciplines Education consisting of five part-time members outside of government service, for a three-year term, renewable once. The Committee should have the power to call in, on an ad hoc basis, members of the occupations whose educational programme is directly affected, as well as members of related occupations where applicable, and other individuals who are capable of contributing. The Committee's function should be to advise on matters such as curricula, length of programme, and training standards for each health discipline.
28. In implementing their responsibilities, the educational bodies should work in association with the regulatory bodies.
29. The Department of Health and its associated bodies should be responsible for providing information for planning educational programmes. This information should include determination of present and future needs for health manpower, and determination of the roles of the various disciplines that are, or will be, required to maintain the health care programmes of the Province.

Entrance Requirements

30. Entrance requirements should not be so rigid or so demanding that they prevent potentially able health workers from entering educational or training programmes in the health disciplines; the tendency to increase entrance requirements for these programmes without valid justification should be discouraged. (see also Ontario Council of Health policy recommendation regarding training and education of health workers, O.C.H., Min. 191.2, January 1970, which supports this principle).

Length of Programmes

31. Educational programmes should provide students with the necessary skills and knowledge to function adequately in a professional or other occupational setting. The tendency to augment the length of educational programmes without sufficient justification should be resisted.

Establishment of Programmes

32. Educational programmes for health workers should be established in educational institutions of an appropriate level. In general, programmes for disciplines requiring degrees should be established in universities, and programmes for other health workers should be established mainly at colleges of applied arts and technology or other suitable educational institutions. Based on the premise that there will be close cooperation in the provision of clinical resources, educational and training programmes presently conducted in hospitals and other health service institutions, as well as some forms of apprenticeship training, should be, in general, centred in (i.e., should be the basic responsibility of) educational institutions. (See also principle on Clinical Resources, and paragraph 3, page 108, Vol. 3, Report of the Committee on the Healing Arts, which enlarges upon the role of clinical education and experience in the hospital.)

Clinical Resources

33. Adequate clinical resources are essential and must be made available to students proceeding through an educational programme and apprenticeship, and for internships when required. There should be close cooperation between the educational institution and the service institution to ensure that clinical resources are available before educational programmes for health disciplines are instituted or modified. Such cooperation should continue after the establishment of a programme. On the other hand, clinical resources should not be overused, and internship programmes should be no longer than necessary. There should be overall provincial and regional coordination in the effective use of clinical resources.

New Programmes

34. Educational programmes at all levels should be able to provide for an adequate number of personnel in any given discipline to meet existing and projected manpower requirements. Where this is not the case, new programmes should be developed or existing programmes expanded to meet these requirements. Also, programmes should be developed in appropriate educational institutions to train health workers in these new fields as they are required.

Specialization and Advanced Training

35. Educational programmes for specialization and advanced training programmes in the health disciplines should be directed toward the total provision of an adequate number of personnel in each discipline to meet existing and projected manpower requirements. When it is deemed necessary, new programmes should be developed or existing programmes expanded to meet these requirements.
36. Determination of manpower requirements in specialty areas should include an assessment of whether specialists in the area would contribute to improved health services. In this respect, the unnecessary proliferation of specialties and sub-specialties should be avoided.
37. The responsibility for projecting manpower requirements for specialists should rest with the Department of Health and its associated and advisory bodies.

Curriculum Content

38. In order to improve the educational programmes of the health disciplines, the health care delivery systems and preventive and social aspects of health care, as well as the integrated teaching of science should become an integral and balanced part of the student's curriculum. At the same time, the necessity for coordinating the activities of all health and welfare workers should be stressed.
39. In order that students in various health disciplines can be brought together, common courses in health disciplines, where applicable, should be introduced in universities and colleges of applied arts and technology.

Continuing Competence and Retraining or Refresher Programmes

40. Practitioners in all health fields should be encouraged to maintain a high level of competence by participating in continuing education programmes which would keep them up to date with new developments in their respective fields of health care.
41. Everything possible should be done to find adequate ways of implementing a method of ensuring continuing competence which eventually might have to become a condition for relicensing.

42. Retraining or refresher programmes should be made more available to all categories of health workers, especially to those in disciplines where a specialty has become obsolete or where manpower needs would make it advisable that sizeable numbers of inactive personnel trained in a discipline be recruited back into the work force.
43. The universities or other appropriate educational institutions should be responsible for the content of the retraining or refresher programmes and the programmes for ensuring continuing competence, while the appropriate regulatory bodies should be responsible for assessment of competence. Close cooperation between these respective bodies, however, is essential. Service requirements should also be identified and included in this process.

Accreditation

44. To ensure that the public has a high quality of health care, systems of accreditation or appraisal should be continued in, and/or expanded to, those institutions where practitioners in the health disciplines are educated.
45. Accreditation or appraisal should be the responsibility of a body independent of educational institutions, regulatory bodies or voluntary associations.
46. Universities with health sciences complexes should encourage the creation of a Canadian accreditation or appraisal system for the health disciplines trained in their health sciences complexes.
47. Nation-wide standards allowing inter-provincial mobility should be encouraged.

Teaching

48. In order that all essential disciplines of the health care team may attain the highest competence and degree of cooperation, members of one health discipline should be permitted and encouraged to participate in the educational programmes of other health disciplines.

Education for Manpower Supply and Recruitment

49. There should be an adequate supply of qualified practitioners in all essential health disciplines to meet the needs of the community. Facilities and programmes should be created and/or maintained to edu-

cate and train an adequate number of practitioners to meet the health manpower needs of the Province.

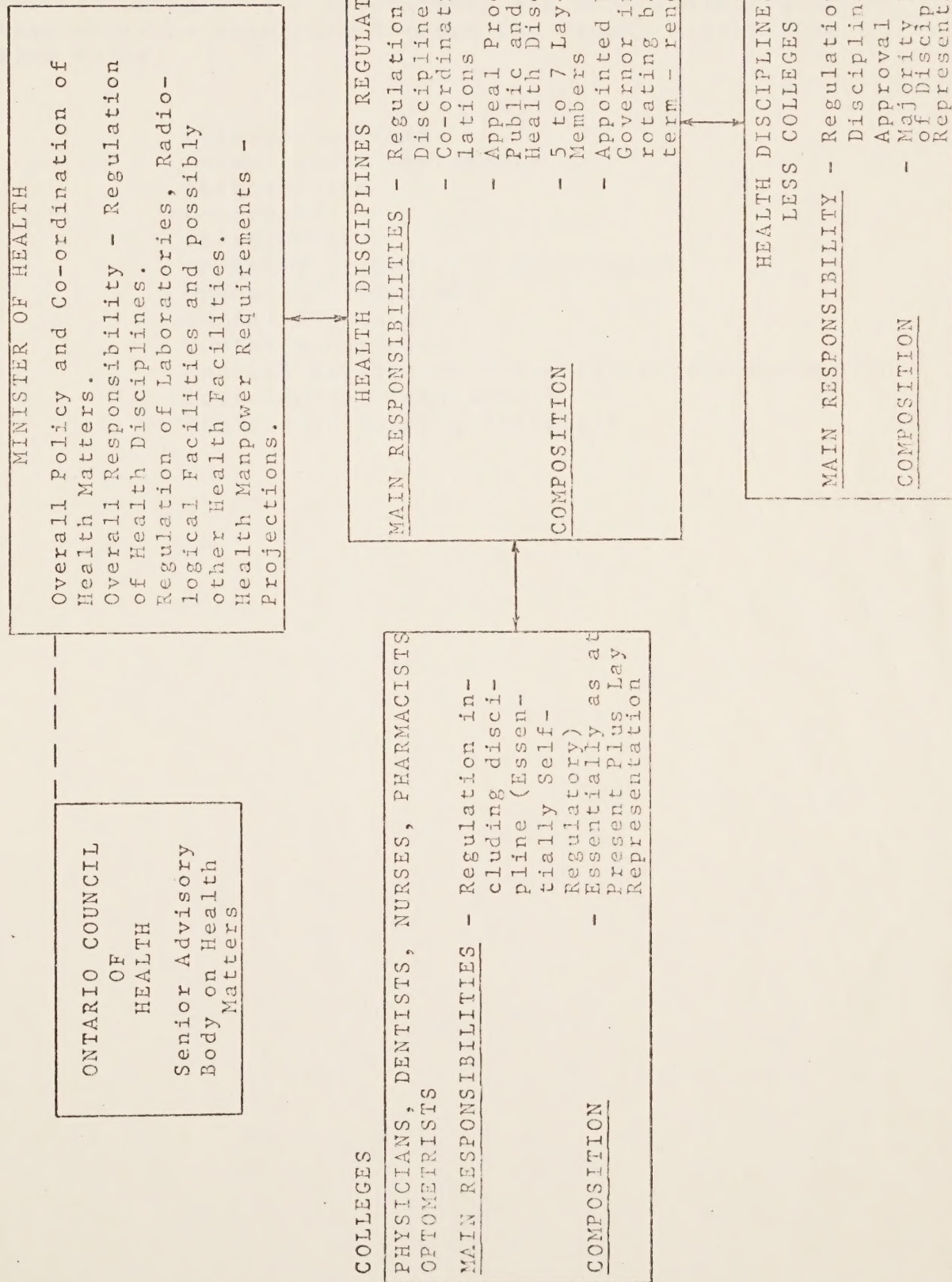
Capital Development for Education

50. Before additional facilities are established for education in the health disciplines, it should be made certain that full utilization is being made of existing facilities and resources.

REGULATION OF HEALTH LABORATORIES, RADIOLOGICAL FACILITIES AND POSSIBLY OTHER HEALTH FACILITIES

51. The primacy of the public interest should be the basic principle underlying the regulation of health laboratories, radiological facilities and possibly other health facilities. It is the responsibility of government to ensure that satisfactory arrangements exist for the regulation of these health facilities.
52. To guarantee the competence of the supervising personnel and the quality of service which the public receives, the licensing and regulation of independent health laboratories, radiological facilities, and possibly other health facilities which provide services to the public, is necessary. The Department of Health should assume responsibility for the licensing and regulation of such facilities.
53. In establishing the requirements for licensing, a balance should be achieved between the maintenance of standards high enough to ensure quality of service, yet not so stringent as to restrict unduly the number of facilities which can make these services available.

PROPOSED
ORGANIZATIONAL STRUCTURE - REGULATION OF THE HEALTH DISCIPLINES



* See Representative List Attached

HEALTH DISCIPLINE REGULATION BOARD

DIVISIONS

The following health disciplines are representative of those that would be regulated through the Health Disciplines Regulation Board.

Physiotherapists
Occupational Therapists
Chiropractor
Osteopath
Chiropodist
Speech Therapist and Audiologist
Ophthalmic Dispenser
Dental Hygienist
Dental Technician
Medical Laboratory Technologist and Technician
Radiological Technician
Registered Nursing Assistant

